OFFICE USE ONLY

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY ASSISTANCE APPLICATION

DATE		TOWNSHIP
Veteran must provide service discharge to furnish verification of home ownersh residing at the address given on this apportant certificates of dependent children. Photo items on this application must be filled a member of the immediate family), as the verified by this office.	ip or verification from a land lication. Also marriage licer ID must be presented for in out and answered by the vete he truth and factual information	dlord that you are use and birth aitial application. A cran (if unable to, le tion which can be
SECTION I - Veteran Information	Spouse Information	tion
Name:	Maiden Name: _	
Name:	Iname:	
City/State/Zip:		
City/State/Zip: Date and Place of Birth:	City/State/Zip:	
of Bitti,	Date and Place o	f Birth:
S.S. #: Telephone #:	0 0 11	<u> </u>
Telephone #:	S.S. #:	
Cell:	Telephone #:	
Cell: How many people live in your house or ap	artment	
SECTION II - Marital Status		
Single	NI N	
Married	Never Married	
2110100	Date to Flace	
Separated	= acc cc 1 lacc	
Widowed	E are ex 1 face	
Total number of marriages	Date & Place	
Are you paying child support		
SECTION III - Dependent Children		
		SOCIAL
NAME BIRTHDATE	BIRTH	SECURITY
		· · · · · · · · · · · · · · · · · · ·
o they live with you? YES	NO .	

SECTION IV - Other Assistance

Have you recently applied for or are you receiving any of the following and in what amount? Food stamps _____Amount \$ ____ When did they start _____ Social Security _____ Amount \$ _____ When did it start _____ Township Asst. ____Amount \$ ____ When were you there last ____ Retirement _____ Amount \$ _____ When did it start _____ VA Compensation or pension _____ How much ____ SECTION V - Bank information Bank Name _____ Checking _____ Balance \$____ Savings ____ Balance \$ ____ Car (Yes) (No) If yes, Make, Model, Year _ Do you have title (Yes) (No) What are your monthly payments \$_____ SECTION VI - Employment Employer: ___ Former Employer _____ Last Day Worked: Last Day Worked: Salary: Salary: _____ If not working, give reason ************************ Spouse's Employer Former Employer _____ Last Day Worked _____ Last Day Worked _____ Salary ____ Salary _____ If not working, give reason

SECTION VII Residency Verification

Do you <u>Re</u>	ent or Own	Residence?	Amount	of Rent or Mort	gage
When was	the last tim	e you paid?	How muc	ch?	
How far be	hind are yo	u?	Did yo	u get 5 day not	ice?
		otice?			
	-	Name			
Address Phone Numb			City, S	tate, Zip	,
How long ha	ve vou live	d at this address?	V		
22011 2240	ive you nve	d at uns address?	rears	Months	
SECTION IX Utilities:	Monthly I Gas Electric Phone - Ho Phone - Ce Cable Food Other	**************************************	Rent/Mo Medical Mospital Doctor Medicati Car Payn	ortgage S	666666666666666666
Credit Cards		Balance	Monthly	Payments	
********** ame and address	******** s of closest	*************** living relative:	*******	*****	******
		Relation			

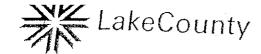
I, the undersigned, swear that the information given on this application for assistance is the TRUTH, to the best of my knowledge and fully understand that if I falsify this application, I WILL BE DETERMINED INELIGIBLE FOR ASSITANCE and be DENIED under this program of the VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY.

AUTHORIZATION FOR REITH I hereby authorize any person, Institution to furnish to the Suprequest for information, relative Social Security income or Busin RELEASE TO:	ran cannot sign

I hereby authorize any person, Institution to furnish to the Sur request for information, relative Social Security income or Busin RELEASE TO:	***************
request for information, relative Social Security income or Busin RELEASE TO:	LEASE OF INFORMATIION
, , , , , , , , , , , , , , , , , , ,	Bank, Company, Corporation, Federal or State Agency or perintendent of Veterans Assistance Commission any te to my account deposits, investments, securities, wages, iness of any kind whatsoever.
Z W	Veterans Assistance Commission of Lake County 0 S Martin Luther King Jr Ave Vaukegan, IL 60085 elephone: 1-847-377-3344
Signature of Applicant	
Address	
City/State/Zip	

APPEAL RIGHTS:

If you disagree with the determination of this office, you may file an appeal. Your appeal must be filed in this office within nine (9) days after the date of this determination, if it was mailed to you or within seven (7) days after the date of this determination, if it was verbally given to you. Any appeal submitted by mail, must be postmarked with the applicable time limit for filing.



20 South Martin Luther King Jr Ave Waukegan, IL 60085 Phone 847 377-3344 Fax 847 360-3188

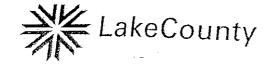
Fraud Disclaimer Form Memorandum Of Understanding

NOTE: Before signing this form, please understand that the Veterans Assistance Commission of Lake County provides a valuable service to the veterans, widows, and specified dependents of this county. Abuse of any services provided by this office will not be tolerated.

I (we) fully understand that failure to report or disclose all necessary documentation pertaining to proof of veterans status, sources of income, expenses, and other data requested by this County office, or as required by Illinois or Federal law, or the requirements of the U.S. Department of Veterans Affairs can delay a VA claim and may result in the denial of a VACLC General Assistance claim. I (we) fully understand that it is unlawful to impersonate a veteran for personal gain. Fraudulent claims or impersonating a veteran, widow, or dependent will result in prosecution proceedings being filed by this office with the States Attorney of Lake County.

Therefore, I (we) certify that all of the documentation and information provided is true and correct. By signing this form, I (we) authorize the VAC of Lake County to complete a verification process in order to confirm the accuracy of the information and/or documentation presented. If a claim is dismissed due to false information or fraudulent documentation. I (we) agree to hold the VAC of Lake County free of all liabilities for this claim. Additionally, it is understood that a copy of the claim application and/or any information resulting from the verification process shall be furnished upon request.

	(Signature of Applicant/Claimant)	(Date)
Ţ,	Signature of Spouse)	(Date)
I at	ACLC EMPLOYEE USE ONLY) Itempted to obtain concurrence on behalf of the VACLC by lowing was unable to obtain the claimants consent.	ut, due to one of the
	Individual(s) refused to sign this consent form. Other (specify):	
VAC	Employee(Printed Name and Initials)	Date:



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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby appoint the Veterans Assistance Commission of Lake County as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information.

RELEASE TO:

Veterans Assistance Commission of Lake County

20 S Martin Luther King Jr. Ave

Waukegan, II 60085

Telephone: 847 377 3344

Fax: 847 360 3188

Community Action Partnership of Lake County

1200 Glen Flora

Waukegan, IL 60085

Telephone: 847 249 4330

Fax: 847 625 6328

Applicants Signature	Social Security Number
ddress	
.uuress	
y / State / Zip	
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